

REGISTRATION DISTRICT NO. 784

Primary Registration District No. 207

Registrar's No. 1473

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Pine Lawn  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4424 Rosewood Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community.  
years, months or days)

3. (a) PRINT FULL NAME PAUL ARTHUR O'BRIEN.

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 3, 1940.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 2 12 hr. min.

9. Birthplace St. Louis County, Missouri.  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name Joseph P. O'Brien.  
18. Birthplace Yonker, New York.  
(City, town, or county) (State or foreign country)  
14. Maiden name Corrine Kelly.  
15. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Arthur H. Kelley.

(b) Address Route 2 Florissant, Mo.

17. (a) Burial (b) Date thereof 7-16-1941.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) JUL 15 1941 (b) J. R. Mays (c) J. R. Mays  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9F  
(c) City or town Pine Lawn  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4424 Rosewood Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th  
year 1941 hour 10 P.M. minute M.

21. I hereby certify that I attended the deceased from Aug. 21 1940  
to July 14th, 1941, to  
that I last saw her alive on July 14th 1941, 19  
and that death occurred on the date and hour stated above.

Immediate cause of death congenital mal-formation  
of heart. Duration 44

Due to 157E

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Walter A. Rupe (M. D. or other)

Address 4932 Maryland Date signed 7-15-41

4932 Mayland

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Leonard W. Traeger, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Leonard W. Traeger  
Licensed Embalmer No. 21678

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.